Form 990	
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Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.



AF	or the	e 2018 calendar year, or tax year beginning and	ending				
Β	heck if	C Name of organization	D Employer identific	ation number			
а	pplicabl	MILES OF HOPE BREAST CANCER					
	Addre Chang	FOUNDATION, INC.	FOUNDATION, INC.				
	Name Chang	pe Doing business as		13-42	281796		
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number			
	Final return	PO BOX 405		845-2	264-2005		
	termin ated	¹⁻ City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	541,044.		
	Amen	ded LAGRANGEVILLE, NY 12540		H(a) Is this a group re	turn		
	Applic tion	F Name and address of principal officer: UOEL CANTER		for subordinates	? Yes 🗶 No		
	pendi	^{ng} SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No		
11	ax-ex	empt status: $X = 501(c)(3) = 501(c) () = (insert no.) = 4947(a)(1)$	or 🗌 527		list. (see instructions)		
٦ /	Vebsi [.]	te: ▶ WWW.MILESOFHOPE.ORG		H(c) Group exemption	n number 🕨		
KF	orm of	f organization: 🚺 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Year of	of formation: 2004 N	State of legal domicile: NY		
Pa	art I	Summary					
~		Briefly describe the organization's mission or most significant activities: THE					
nce		TO PROVIDE FUNDING TO NON-PROFIT ORGANIZA	FOR SUPPORT	SERVICES			
Activities & Governance	2	Check this box 🕨 🦳 if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass			
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	16		
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	16		
es 8	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)			3		
vitie	6	Total number of volunteers (estimate if necessary)		6	0.		
(cti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	otal unrelated business revenue from Part VIII, column (C), line 12				
_		Net unrelated business taxable income from Form 990-T, line 38		7b	0.		
				Prior Year	Current Year		
Ð	8	Contributions and grants (Part VIII, line 1h)		134,748.	136,297.		
Revenue		Program service revenue (Part VIII, line 2g)		0.	0.		
se č		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		39,627.	39,247.		
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		314,451.	310,650.		
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		488,826.	486,194.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		215,125.	222,525.		
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
ŝ		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		137,010.	151,135.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
×pe		Total fundraising expenses (Part IX, column (D), line 25)					
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		134,395.	85,437.		
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		486,530.	459,097.		
		Revenue less expenses. Subtract line 18 from line 12		2,296.	27,097.		
S OF			Be	ginning of Current Year	End of Year		
Assets - Balanc	20	Total assets (Part X, line 16)		2,050,445.	1,895,562.		
tAs	21	Total liabilities (Part X, line 26)		2,326.	838.		
Re		Net assets or fund balances. Subtract line 21 from line 20		2,048,119.	1,894,724.		
Pa	art II	Signature Block					

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer		Date					
Here	JOEL CANTER, CHAIRMAN							
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date Check P	TIN				
Paid	GARY CASSIELLO		self-employed PO	0286425				
Preparer	Firm's name 🕒 JGS, CPA, P.C.		Firm's EIN 🕨 14–1	1619319				
Use Only	Firm's address 🖌 633 ROUTE 211 EAS	ST						
	MIDDLETOWN, NY 10	Phone no. 845-692	2-9500					
May the I	May the IRS discuss this return with the preparer shown above? (see instructions)							
832001 12-3	32001 12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018)							

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	MILES OF HOPE BREAST CANCER	
	<u>n 990 (2018)</u> FOUNDATION, INC. 13-4281796 P	_{age} 2
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	TO PROVIDE FUNDING TO NON-PROFIT ORGANIZATIONS FOR SUPPORT SERVICES	
	AND OUTREACH FOR PEOPLE AFFECTED BY BREAST CANCER IN THE HUDSON	
	VALLEY, NEW YORK (COLUMBIA, DUTCHESS, PUTNAM, WESTCHESTER, ROCKLAND,	
	AND ORANGE, ULSTER AND GREENE COUNTIES).	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes 🛽	No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a)
Ĩ	MEDICAL GAP CARE FUND IS FOR INDIVDUALS FACING LIFE EMERGENCIES AND/OR)
	COSTS NOT COVERED BY HEALTH INSURANCE WHILE IN TREATMENT FOR BREAST	
	CANCER.	
	10.000	
4b	(Code:) (Expenses \$18,000. including grants of \$18,000.) (Revenue \$)
	PEER TO PEER PROGRAM UNITING RECENTLY DIAGNOSED BREAST CANCER PATIENTS	
	WITH TRAINED SURVIVORS.	
4c	(Code:) (Expenses \$ 12,600. including grants of \$ 12,600.) (Revenue \$	```
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	SEVEN SCHOLARSHIPS FOR HIGH SCHOOL SENIORS WHOSE LIVES HAVE BEEN)
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	SEVEN SCHOLARSHIPS FOR HIGH SCHOOL SENIORS WHOSE LIVES HAVE BEEN AFFECTED BY BREAST CANCER. SCHOLARSHIPS GIVEN IN ALL 8 COUNTIES.)
4d	SEVEN SCHOLARSHIPS FOR HIGH SCHOOL SENIORS WHOSE LIVES HAVE BEEN AFFECTED BY BREAST CANCER. SCHOLARSHIPS GIVEN IN ALL 8 COUNTIES.	

 MILES OF HOPE BREAST CANCER

 Form 990 (2018)
 FOUNDATION, INC.

 Part IV
 Checklist of Required Schedules

13-4281796 Page

			Yes	No	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?				
	If "Yes," complete Schedule A	1	Х		
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for				
	public office? If "Yes," complete Schedule C, Part I	3		X	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect				
	during the tax year? If "Yes," complete Schedule C, Part II	4		x	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or				
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to				
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,				
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete				
	Schedule D, Part III	8		x	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for				
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?				
	If "Yes," complete Schedule D, Part IV	9		x	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent				
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X				
•••	as applicable.				
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,				
-	Part VI	11a	х		
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total				
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х		
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total				
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x	
Ь	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in				
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x	
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		x	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses				
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		x	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete				
120	Schedule D, Parts XI and XII	12a	х		
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	124			
D		12b		x	
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x	
14a		14a		X	
b	Did the organization maintain an office, employees, or agents outside of the United States?	1- 1 0		<u> </u>	
D.	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000				
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	110			
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to				
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10			
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u> </u>	
.0	1c and 8a? If "Yes," complete Schedule G, Part II	18	х		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	-10		<u> </u>	
13		19		x	
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X	
		20a		<u> </u>	
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		<u> </u>	
~ '	domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	х		
		<u> </u>			

Form 990 (2018)

Pa	t IV Checklist of Required Schedules (continued)			ugo
	. (ontinded)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
-	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
~	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If</i> "Yes."			
	complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		x
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
Ŭ	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
01		31		x
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
02		32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			<u> </u>
57	Part V, line 1	34		x
35 -	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			<u> </u>
5	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
55	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
5.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			<u> </u>
	Note. All Form 990 filers are required to complete Schedule O	38	х	1
Pa		1 00		L
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1ค	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b		-		
c				
5	(gambling) winnings to prize winners?	1c	Х	

FOUNDATION, INC.

Form 990 (2			
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MILES	OF	HOPE	BREAST	CANCER
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	MILLS OF HOPE BREAST CANCER				
	990 (2018) FOUNDATION, INC.	13-4281	796	P	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
•		1		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	3			
L.	filed for the calendar year ending with or within the year covered by this return 2a		01-	х	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	~	
0-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)		0-		х
	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a 3b		- 11
	If "Yes," has it filed a Form 990-T for this year? <i>If</i> " <i>No</i> " <i>to line 3b, provide an explanation in Schedule O</i>		30		
чa	financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		х
h	If "Yes," enter the name of the foreign country:		4 a		
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FE				
5a			5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5a 5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		50 50		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organizat		50		
Ua			6a		х
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts		u		
, D	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).		0.0		
, a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provide	ed to the payor?	7a		х
			7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required		10		
Ŭ	to file Form 8282?		7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		
f			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as		7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a F		7h		
8					
	sponsoring organization have excess business holdings at any time during the year?				
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12 10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b				
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders 11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans 13b				
с	Enter the amount of reserves on hand 13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				
	excess parachute payment(s) during the year?		15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		16		Х
	If "Yes," complete Form 4720, Schedule O.				

Form **990** (2018)

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a16			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			37
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			v
•	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	0.	х	
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Δ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		х
Sec	organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		77
	tion bit onoise (This Section B requests information about policies not required by the internal Revenue Code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	103	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NY			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s	only) a	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	tinanc	al	
<u></u>	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records ► PARI FOROOD - 845-527-6884			
	P.O. BOX 405, LAGRANGEVILLE, NY 12540			

MILES	OF	HOPE	BREAST	CANCER
FOUNDA	ATIC	DN, II	NC.	

Form	990	(2018))

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated	
	mployees, and Independent Contractors	

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss per	son i	s both	n an	compensation	compensation	amount of
	week		cer ar	nd a di I	irecto	r/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	trust		ee	suadu		(W-2/1099-MISC)		organization and related
	below	ual tr	tional		Vold	t con	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationo
(1) LISA ARNOFF	0.00				-					
CHAIRMAN EMERITA		Х						0.	Ο.	Ο.
(2) NEVILL SMYTHE	0.00									
SECRETARY		Х		Х				0.	0.	0.
(3) RUSS KARP	0.00									
BOARD MEMBER		Х						0.	0.	0.
(4) DANA EFFRON	0.00				-					
CO-FOUNDER		Х						0.	0.	0.
(5) CATHY VARUNOK	0.00									
CO-FOUNDER		Х						0.	0.	0.
(6) DIANA L. SILVERMAN	0.00									
BOARD MEMBER		Х						0.	0.	0.
(7) AUSTIN HODGKINS	0.00									
BOARD MEMBER		Х						0.	0.	0.
(8) JOEL CANTER	0.00									_
CHAIRMAN		Х		x				0.	0.	0.
(9) MARY RITTER	0.00									-
VICE CHAIRMAN		Х		X				0.	0.	0.
(10) DR. JANICE WEINSTEIN	0.00								•	
BOARD MEMBER		Х						0.	0.	0.
(11) NANCY MILLER	0.00								•	
BOARD MEMBER		Х						0.	0.	0.
(12) WAYNE SAUER	0.00								0	0
TREASURER	0.00	X		X				0.	0.	0.
(13) AMY HARDISTY	0.00								0	0
BOARD MEMBER	0.00	X						0.	0.	0.
(14) SALVATORE RACCUIA	0.00								0	0
BOARD MEMBER	0.00	X						0.	0.	0.
(15) LISA MORRIS	0.00								0	0
BOARD MEMBER	0.00	X						0.	0.	0.
(16) BARBARA KRAM	0.00								•	•
BOARD MEMBER	40.00	Х						0.	0.	0.
(17) PARI FOROOD	40.00				3.7			01 101	01 101	•
EXECUTIVE DIRECTOR					Х			81,181.	81,181.	0.

_	MILES OF			SI	' C	AN	ICE	R		13-42	0015	106		0
Par	1 990 (2018) FOUNDATIC	-		200	and	Hid	nhos	t C	ompensated Employee		<u> 201</u>	90	Pa	age 8
	(A) Name and title	(B) Average hours per week	(do box	not c , unle		C) ition more rson i	l than o s both	one n an	(D) Reportable compensation from	(Continued) (E) Reportable compensatio from related	n	am	(F) timate ount	
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Offlicer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS	s	comp fro orga anc	oensa om the anizat I relate nizatie	e ion ed
			-											
											-+			
	Sub-total						Г 		81,181.	81,18	81. 0.			0.
	Total from continuation sheets to Part VII Total (add lines 1b and 1c) Total number of individuals (including but no							o re	81,181.	81,18 000 of reportable	81.			0.
	compensation from the organization												Yes	0 No
3	Did the organization list any former officer,	-		e, ke	ey en	nplo	yee,	or	highest compensated en	nployee on				x
4	line 1a? If "Yes," complete Schedule J for su For any individual listed on line 1a, is the su	m of reportabl	e co	mpe	ensa	tion	and	otł		ne organization		3	77	Δ
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a										····	4	X	
Soc	rendered to the organization? If "Yes." com tion B. Independent Contractors	plete Schedule	e J fe	or si	ıch ı	bers	on .					5		Х
1	Complete this table for your five highest cor										oensati	on fro	m	
	the organization. Report compensation for t (A) Name and business					<u>ith c</u>	or wi	thir	n the organization's tax you (B) (B) Description of s			(C omper		
	Name and Business		INC	ONE	2				Description of 3			Jinper	isatio	
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	-	ot lin	niteo	d to f	thos (ted	above) who received mo	ore than				

	n 990 (i	2018) FOUND	ATION, I	NC.			13-4281	796 Page 9
Pa	rt VII	Statement of Reven	lue					
		Check if Schedule O cont	ains a response	or note to any line	in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts ts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b							
Amo Amo	с	Fundraising events	1c					
ar /	d	Related organizations	1d	10,000.				
s, C	е	Government grants (contributi	ions) 1e	20,000.				
tion S	f	All other contributions, gifts, gran	ts, and					
ibu [.]		similar amounts not included above	ve 1f	106,297.				
ontr Id C	g	Noncash contributions included in lines			100 000			
an	h	Total. Add lines 1a-1f			136,297.			
				Business Code				
ice	2 a							
ervi	b							
n S /eni	c							
Program Service Revenue	d							
roç	e							
ш.	•	All other program service reve						
	<u>g</u> 3	Total. Add lines 2a-2f Investment income (including		·····				
	3	other similar amounts)			39,247.	39,247.		
	4	Income from investment of tax			557217	55,247.		
	5	Royalties		· F				
	5	noyanies	(i) Real	(ii) Personal				
	6 9	Gross rents						
	b							
	c							
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	с	Gain or (loss)						
		Net gain or (loss)		►				
Other Revenue	8 a	Gross income from fundraising including \$						
eve		contributions reported on line						
er R		Part IV, line 18	а	365,500.				
Othe		Less: direct expenses		54,850.				
5		Net income or (loss) from fund		▶	310,650.			310,650.
	9 a	Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gam		····· •				
	10 a	Gross sales of inventory, less						
		and allowances						
		Less: cost of goods sold						
	U	Net income or (loss) from sale Miscellaneous Revenue		Business Code				
	11 a		0					
	b							
	c							
	d	All other revenue						
		Total. Add lines 11a-11d						
	12	Total revenue. See instructions			486,194.	39,247.	0.	310,650.

Form 990 (2018) FOUNDATION, INC.
Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a response				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	222,525.	222,525.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	81,181.	25,978.	34,908.	20,295.
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$) and	50.061		21 252	
	persons described in section 4958(c)(3)(B)	58,961.		31,969.	26,992.
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	10 002	2 144	E 162	2 6 9 6
10	Payroll taxes	10,993.	2,144.	5,163.	3,686.
11	Fees for services (non-employees):				
	Management	850.		850.	
b		15,320.		10,201.	5,119.
	Accounting	15,520.		10,2010	5,115.
u e	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees	15,334.	15,334.		
	Other. (If line 11g amount exceeds 10% of line 25,				
5	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	8,019.	4,739.		3,280.
13	Office expenses	14,972.	4,079.	3,340.	7,553.
14	Information technology	8,135.	2,440.	5,695.	-
15	Royalties				
16	Occupancy				
17	Travel	7,312.	2,437.	2,437.	2,438.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	446.		446.	
23	Insurance	12,554.		12,554.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	OTHER PROGRAM EXPENSES	2,495.	2,495.	0.	0.
b					
с					
d					
е	All other expenses		000 101		60.262
<u>25</u>	Total functional expenses. Add lines 1 through 24e	459,097.	282,171.	107,563.	69,363.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	12-21-19				Form 990 (2018)

Form 990 (2018) MILES OF HOPE BREAST CANCER Form 990 (2018) FOUNDATION, INC. Part X Balance Sheet

		Check if Schedule O contains a response or note to any li	ne in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		109,297.	1	165,796.
	2	Cash - non-interest-bearing Savings and temporary cash investments		45,800.	2	0.
	3	Pledges and grants receivable, net		45,000	2	<u>·</u>
	4			4,680.	4	2,500.
	5	Accounts receivable, net Loans and other receivables from current and former offic		4,0001		2,500.
	5	trustees, key employees, and highest compensated employees				
					5	
	6	Part II of Schedule L Loans and other receivables from other disqualified perso			5	
		section 4958(f)(1)), persons described in section 4958(c)(3)	· .			
			-			
		employers and sponsoring organizations of section 501(c)	-		6	
Assets	7	employees' beneficiary organizations (see instr). Complete	E E E E E E E E E E E E E E E E E E E		7	
Ass	7	Notes and loans receivable, net			8	
	8	Inventories for sale or use Prepaid expenses and deferred charges		1,561.	9	1,587.
	9	Land, buildings, and equipment: cost or other		1,501.	9	1,507.
	IUa		5,446.			
	ь	basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation 10b	4,661.	53.	10c	785.
	11			55.	11	705.
	12	Investments - publicly traded securities		1,889,054.	12	1,724,894.
	12	Investments - program-related. See Part IV, line 11		1,005,054.	13	1,721,091.
	13				13	
	14	Intangible assets			14	
	16	Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 34)		2,050,445.	16	1,895,562.
	17	Accounts payable and accrued expenses		2,326.	17	838.
	18	Grants payable		2,5201	18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of			21	
	22	Loans and other payables to current and former officers, o			21	
Liabilities		key employees, highest compensated employees, and dis				
bili		Complete Part II of Schedule L			22	
Lia	23	Secured mortgages and notes payable to unrelated third	I		23	
	24	Unsecured notes and loans payable to unrelated third par	E E E E E E E E E E E E E E E E E E E		24	
	25	Other liabilities (including federal income tax, payables to				
		parties, and other liabilities not included on lines 17-24). C				
		Schedule D			25	
	26	Total liabilities. Add lines 17 through 25	E E E E E E E E E E E E E E E E E E E	2,326.	26	838.
		Organizations that follow SFAS 117 (ASC 958), check h				
S		complete lines 27 through 29, and lines 33 and 34.	·			
Ce	27	Unrestricted net assets		2,048,119.	27	1,894,724.
alar	28	Temporarily restricted net assets			28	
ä	29				29	
ŭ		Organizations that do not follow SFAS 117 (ASC 958),				
г Т		and complete lines 30 through 34.				
ţs	30	Capital stock or trust principal, or current funds			30	
sse	31	Paid-in or capital surplus, or land, building, or equipment	I		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or o	Г		32	
Š	33	Total net assets or fund balances		2,048,119.	33	1,894,724.
	34	Total liabilities and net assets/fund balances	I	2,050,445.	34	1,895,562.
						Form 990 (2018)

MILES	OF	HOPE	BREAST	CANCER
FOUNDA	ATIC	DN, I	NC.	

	1990 (2018) FOUNDATION, INC.	13-42	281796	Page	, 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	·····		[
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,19	
2	Total expenses (must equal Part IX, column (A), line 25)	2		,09	
3	Revenue less expenses. Subtract line 2 from line 1	3		,09	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,048		
5	Net unrealized gains (losses) on investments	5	-180	,49	<u>2.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	1,894	,72	<u>4.</u>
Pa	rt XII Financial Statements and Reporting			_	
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>	<u> [</u>	
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit			
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u>	3b		
			- (

Form **990** (2018)

(Fo	rm 99 tment of	DULE A 0 or 990-EZ) f the Treasury nue Service	Co	Public Cha omplete if the organ 49		OMB No. 1545-0047 2018 Open to Public Inspection				
		he organizati		-	v/Form990 for instruction		ne latest ir	formation.	Employer	r identification number
Man		ne organizati		DATION, IN	BREAST CANCE	ĸ				3-4281796
Pa	rt I	Reason			All organizations must co	omplete th	is part.) Se	e instructions		5 4201750
					For lines 1 through 12, c					
1			-	-	on of churches described	-	-	I)(A)(i).		
2	\square				Attach Schedule E (Forn					
3	\square				anization described in se			i).		
4		•	•		njunction with a hospital			•)(iii). Enter	the hospital's name,
		city, and state	e:	·						
5		An organizati	on operated fo	or the benefit of a co	llege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in
		section 170	(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, sta	te, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7		An organizati	on that norma	lly receives a substa	ntial part of its support fi	rom a gove	ernmental	unit or from th	ne general j	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community	trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		-	-		in section 170(b)(1)(A)(-	-
			or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	e or
university:										
10	X	-		•					-	•
	activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investmer income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975.									
				mplete Part III.)	(less section of r tax) ite	Indusities	ses acqui		jai lization a	
11	\square				ively to test for public sa	fety See	section 50)9(a)(4).		
12	\square	-	-	-	ively for the benefit of, to				rrv out the	purposes of one or
					ed in section 509(a)(1) c					
					f supporting organization					
а		Type I. A s	upporting orga	anization operated, s	upervised, or controlled	by its supp	oorted org	anization(s), t	pically by	giving
		the support	ted organizatio	on(s) the power to re	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	upporting
		organizatio	n. You must c	complete Part IV, Se	ections A and B.					
b					l or controlled in connect			0		•
			-		anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported
		¬ ~	. ,	t complete Part IV,						
С					g organization operated				ly integrate	ed with,
d			•	.,.	b). You must complete I porting organization oper			-	tod organi	zation(c)
u			-	• •	zation generally must sat				0	()
					nplete Part IV, Sections					
е		- ·	-		written determination fro				II, Type III	
			-		nally integrated supporti					
f	Ente	er the number	of supported o	organizations						
g				about the supporte		(iv) to the error	anization listed			
	(i) Name of support organization 		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ing document?	(v) Amount o support (see ir	-	(vi) Amount of other support (see instructions)
		organization			above (see instructions))	Yes	No		istructions	
Tota	al									

Schedule A (Form 990 or 990 EZ) 2018 FOUNDATION, INC.

Part II

13-4281796 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4				(4) 2011		
8	Gross income from interest,						
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
3	activities, whether or not the						
	business is regularly carried on						
10							
10	· ·						
	or loss from the sale of capital						
	assets (Explain in Part VI.) Total support. Add lines 7 through 10						
	· · · · ·					10	
	Gross receipts from related activities,		,			12	
13	First five years. If the Form 990 is for	-			-		
Se	organization, check this box and stor ction C. Computation of Publi						
				olumn (fl)		14	%
	Public support percentage for 2018 (I		•			14	
	Public support percentage from 2017						<u>%</u>
102	33 1/3% support test - 2018. If the c						
L	stop here. The organization qualifies		-				
Ľ	33 1/3% support test - 2017. If the c						
47	and stop here. The organization qual		•••••		10 10a au 10b		
1/8	10% -facts-and-circumstances test						
	and if the organization meets the "fac			•	•		
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	more, and if the organization meets the						the
	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	and see instruction	ons ▶ 🛄

Schedule A (Form 990 or 990-EZ) 2018 FOUNDATION, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 545,007 566,215. 598,346. 558,947. 547,930. 2816445. include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 558,947. 566,215. 598,346. 547,930. 545,007. 2816445. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 0. 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year 0 c Add lines 7a and 7b 0 2816445. Public support. (Subtract line 7c from line 6.) Section B. Total Support (c) 2016 Calendar year (or fiscal year beginning in) (a) 2014 (b) 2015 (d) 2017 (e) 2018 (f) Total 9 Amounts from line 6 545,007. 566,215. 598,346. 558,947. 547,930. 2816445. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 30,208. 39,564. 36,406. 39,627. 39,247. 185,052. and income from similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 30,208. 39,564. 36,406. 39,627. 39,247. 185,052. c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b. whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 575,215. 605,779. 634,752. 598,574. 587,177. 3001497. 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► Section C. Computation of Public Support Percentage 93.83 % Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) 15 15 94.43 Public support percentage from 2017 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 6.17 17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f) 17 % 18 Investment income percentage from 2017 Schedule A, Part III, line 17 5.57 18 % 19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not ► X more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization gualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

13-4281796 Page 4

1

2

3a

3b

3c

4a

4b

Yes

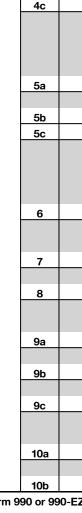
No

Schedule A (Form 990 or 990-EZ) 2018 FOUNDATION, INC. Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)



13-4281796 _F	age 5
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Part M Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? 1		dule A (Form 990 or 990-EZ) 2018 FOUNDATION, INC.	13-428179	6 Ра	age 5
11 Has the organization accepted a gift or combudition from any of the following persons? Image: Combudition of the combudition from any of the following persons? 2 A person with directly or indicative controls, ether achieve of the generalization? Image: Combudition of the combudition	Par	t IV Supporting Organizations (continued)			
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how the organization was responsive to those supported organizations, and how the organization determined 2a that these activities constituted substantially all of its activities. 2a b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more 2a of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the 2b reasons for the organization's position that its supported organization(s) would have engaged in these 2b activities but for the organization's involvement. 2b 3 Parent of Supported Organizations. Answer (a) and (b) below. 2a a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or 3a b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each 3a					
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 b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If</i> "Yes," <i>explain in</i> Part VI <i>the reasons for the organization's involvement.</i> 2b 3 Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each 			2a		
of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the Image: Comparization's position that its supported organization(s) would have engaged in these Image: Comparization's position that its supported organization(s) would have engaged in these Image: Comparization's position that its supported organization(s) would have engaged in these Image: Comparization's position that its supported organization(s) would have engaged in these Image: Comparization's position that its supported organization(s) would have engaged in these Image: Comparization's position that its supported organization(s) would have engaged in these Image: Comparization's position that its supported organization(s) would have engaged in these Image: Comparization's position that its supported organization(s) would have engaged in these Image: Comparization's position that its supported organization(s) would have engaged in these Image: Comparization's position that its supported organization(s) would have engaged in these Image: Comparization these	b		24		
reasons for the organization's position that its supported organization(s) would have engaged in these 2b activities but for the organization's involvement. 2b 3 Parent of Supported Organizations. Answer (a) and (b) below. 1 a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or 1 trustees of each of the supported organizations? Provide details in Part VI. 3a b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each 1	2				
activities but for the organization's involvement. 2b 3 Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each					
 3 Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in</i> Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each 			2b		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or 3a trustees of each of the supported organizations? Provide details in Part VI. 3a b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each 4	3	ů – Elektrik			
trustees of each of the supported organizations? Provide details in Part VI. 3a b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each Image: Comparison of the support of the sup					
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			3a		
of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 3b	b				
		of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990 EZ) 2018 FOUNDATION, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 1 2 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3 5 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 2 3 **3** Subtract line 2 from line 1d Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 4 see instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 6 Multiply line 5 by .035 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) 1 1 Enter 85% of line 1 2 2 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Enter greater of line 2 or line 3 4 4 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions).

Sche Par	dule A (Form 990 or 990-EZ) 2018 FOUNDATION,II tV Type III Non-Functionally Integrated 509(• •	L3-4281796 Page 7
	on D - Distributions		nizations (continued)	Current Year
<u>3ecu</u> 1	Amounts paid to supported organizations to accomplish exer	mot purposos		
2	Amounts paid to supported organizations to accomplish exer Amounts paid to perform activity that directly furthers exemp			
2	organizations, in excess of income from activity	c purposes or supported		
3	Administrative expenses paid to accomplish exempt purpose			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	e organization is responsive		
-	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
C	From 2015			
d	From 2016			
e	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
<u> i</u>	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
e	Excess from 2018			

		MILES OF	HOPE	BREAST	CANCER	
Schedule A	(Form 990 or 990-EZ) 2018					13-4281796 Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D, I	mation. Provide , 2, 3b, 3c, 4b, 4c lines 2 and 3; Par	e the expla , 5a, 6, 9a, t IV, Sectio	anations requir 9b, 9c, 11a, 1 on E, lines 1c, 2	1b, and 11c; Part IV, Sec 2a, 2b, 3a, and 3b; Part \	t II, line 17a or 17b; Part III, line 12; tion B, lines 1 and 2; Part IV, Section C, /, line 1; Part V, Section B, line 1e; Part V, or any additional information.

			al Financial Statements	5		OMB No. 1545-0047
(Forr	n 990)	Part IV, line 6, 7, 8, 9, 10	anization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12	b.		
	ment of the Treasury I Revenue Service	Go to www.irs.gov/Form9	Attach to Form 990. 90 for instructions and the latest inform	ation.		Open to Public Inspection
-	e of the organization				Emplo	yer identification number
	-	FOUNDATION, INC.				13-4281796
Pa	tl Organiza	ations Maintaining Donor Advise	d Funds or Other Similar Funds	or Acc	counts	Complete if the
	organizatio	n answered "Yes" on Form 990, Part IV, lin				
			(a) Donor advised funds	(b) Funds	and other accounts
1		nd of year				
2		f contributions to (during year)				
3		f grants from (during year)				
4 5		t end of year on inform all donors and donor advisors in v		ad funde		
5	-	n's property, subject to the organization's	-			Yes No
6		on inform all grantees, donors, and donor a				
•	•	oses and not for the benefit of the donor o	• •		•	
	impermissible priva	ate benefit?				Yes No
Pa	t II Conserv	ation Easements. Complete if the org	ganization answered "Yes" on Form 990, F	Part IV, I	ine 7.	
1	Purpose(s) of cons	ervation easements held by the organization	on (check all that apply).			
	Preservation	of land for public use (e.g., recreation or e	ducation)	orically i	importar	nt land area
	Protection o	f natural habitat	Preservation of a cert	ified his	toric str	ucture
		of open space				
2	•	through 2d if the organization held a qualif	ied conservation contribution in the form o	of a con: Г		
-	day of the tax year			- H		eld at the End of the Tax Year
a L		onservation easements			2a	
b	•	ricted by conservation easements	ucture included in (a)		2b 2c	
d		vation easements included in (c) acquired a			20	
u		al Register			2d	
3		vation easements modified, transferred, rel				ring the tax
	year 🕨			U U		·
4	Number of states	where property subject to conservation eas	sement is located ►			
5	Does the organization	tion have a written policy regarding the per	iodic monitoring, inspection, handling of			
	,	orcement of the conservation easements it				
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	ervation	easeme	ents during the year
_		<u> </u>				
7	Amount of expens	es incurred in monitoring, inspecting, hanc	lling of violations, and enforcing conservat	ion ease	ements	during the year
8		 vation easement reported on line 2(d) abov	e satisfy the requirements of section 170/r	n)(4)(B)(i))	
U		(4)(B)(ii)?				Yes No
9		be how the organization reports conservation				
		ble, the text of the footnote to the organizat	•			
	conservation ease	ments.				
Pa		ations Maintaining Collections of		her Si	milar /	Assets.
		the organization answered "Yes" on Form				
1a	0	elected, as permitted under SFAS 116 (AS	,, 1			,
		s, or other similar assets held for public exh		ice of pi	ublic ser	rvice, provide, in Part XIII,
h		note to its financial statements that describe		امدا امدا		
b	-	elected, as permitted under SFAS 116 (AS				
	relating to these ite	similar assets held for public exhibition, ed	decation, or research in furtherance of pub	INC SELVI	ice, prov	nue the following attounts
	-	ded on Form 990, Part VIII, line 1			▶ \$	
					► \$.	
2		received or held works of art, historical tre				
		unts required to be reported under SFAS 1				
а	Revenue included	on Form 990, Part VIII, line 1			▶ \$_	
b		Form 990, Part X				

 ${\sf LHA} \ \ {\rm For} \ {\rm Paperwork} \ {\rm Reduction} \ {\rm Act} \ {\rm Notice}, \ {\rm see} \ {\rm the} \ {\rm Instructions} \ {\rm for} \ {\rm Form} \ {\rm 990}.$

Schedule D (Form 990) 2018

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	MILES O	F HOPE BREAS	T CANCER					
Sche	dule D (Form 990) 2018 FOUNDAT	ION, INC.				13-42	81796	Page 2
Par	t III Organizations Maintaining C	ollections of Art, I	listorical Tre	asures, or Othe	er Simila	ar Assets	continue	ed)
3	Using the organization's acquisition, accession							,
	(check all that apply):							
а	Public exhibition	d	Loan or exc	hange programs				
b	Scholarly research	e						
с	Preservation for future generations							
4	Provide a description of the organization's co	ellections and explain ho	w they further th	e organization's exe	empt purp	ose in Part	XIII.	
5	During the year, did the organization solicit o	r receive donations of a	rt, historical treas	ures, or other simila	r assets			
	to be sold to raise funds rather than to be ma						Yes	No
Par	t IV Escrow and Custodial Arrang		if the organizatio	n answered "Yes" o	n Form 99	0, Part IV,	line 9, or	
	reported an amount on Form 990, Par							
1a	Is the organization an agent, trustee, custodi	an or other intermediary	for contributions	s or other assets not	included		_	
	on Form 990, Part X?					L	Yes	X No
b	If "Yes," explain the arrangement in Part XIII	and complete the follow	ing table:					
							Amount	
С	Beginning balance				<u>1c</u>			
d	Additions during the year				<u>1d</u>			
е	Distributions during the year				<u>1e</u>			
f	Ending balance				1 f			
	Did the organization include an amount on Fo				• • • • • •	L	Yes	No No
_	If "Yes," explain the arrangement in Part XIII.							
Par	t V Endowment Funds. Complete i							
			(b) Prior year	(c) Two years back		years back		
	Beginning of year balance	1,889,054.	1,688,313.	1,480,895.		425,101.		50,048.
	Contributions	260,500.	245,050.	293,500.		304,287.		06,790.
	Net investment earnings, gains, and losses	-141,308.	229,017.	152,647.		-15,682.		54,740.
	Grants or scholarships	-218,725.	-215,125.	-225,699.	-	222,500.	-2	74,315.
е	Other expenditures for facilities	40,000	42.002			0		0
_	and programs	-49,293.	-43,983.	0.		0.		$\frac{0}{10, 100}$
	Administrative expenses	-15,334.	-14,218.	-13,030.		-10,311.		12,162.
-	End of year balance	1,724,894.	1,889,054.	1,688,313.	⊥ <u></u> ,	480,895.	1,4	25,101.
2	Provide the estimated percentage of the curr	100 00) held as:				
	Board designated or quasi-endowment		0					
b	Permanent endowment	%						
С	Temporarily restricted endowment	%						
0-	The percentages on lines 2a, 2b, and 2c show	•		d a destatata a diferent				
Ja	Are there endowment funds not in the posse	ssion of the organization	n that are held ar	ia administered for t	ne organi	zation		
	by:							es No X
	(i) unrelated organizations							X
	(ii) related organizations						3a(ii)	
	If "Yes" on line 3a(ii), are the related organiza Describe in Part XIII the intended uses of the						3b	
4 Par	t VI Land, Buildings, and Equipm		ent lunds.					
	Complete if the organization answered		art IV line 11a S	ee Form 990 Part X	line 10			
	Description of property	(a) Cost or othe			Accumula	ted	(d) Book v	
	Description of property	basis (investmen	• •		epreciatio			alue
1a	Land	· · · · · · · · · · · · · · · · · · ·						
b	Buildings							
	Leasehold improvements			1				
d	Equipment							
	Other			5,446.	4,6	61.		785.
	Add lines 1a through 1e. (Column (d) must e				-	. 🕨		785.
				,				

Schedule D (Form 990) 2018

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Part VII Investments - Other Securities.	INC.	I	.3-4281/96 Page
Complete if the organization answered "Yes" o	n Form 990 Part IV line 1	1b See Form 990 Part X line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	end-of-vear market value
1) Financial derivatives			,
2) Closely-held equity interests			
(3) Other			
(A) DOMESTIC EQUITY FUNDS	776,744.	END-OF-YEAR MARKE	T VALUE
(B) INT'L EQUITY FUNDS	410,089.	END-OF-YEAR MARKE	T VALUE
(C) DIMENSIONAL MONEY MARKET	321.	END-OF-YEAR MARKE	
(D) INCOME INVESTMENTS	537,740.	END-OF-YEAR MARKE	T VALUE
(E)			
(F)			
(G)			
(H)	1 704 004		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►	1,724,894.		
Complete if the organization answered "Yes" o (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	and of year market value
	(b) DOON Value	(c) method of valuation. Cost of e	ond of your market value
(1) (2)			
(3)			
(4)			
(5)			
(6)			
(7)	4		
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets.			
Complete if the organization answered "Yes" o		1d. See Form 990, Part X, line 15.	
(a) D	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
	45.)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	<u>15.)</u>		
Complete if the organization answered "Yes" o	n Form 990 Part IV line 1	1e or 11f See Form 990 Part X line	25
(a) Description of liability		b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line .	25.)		
2. Liability for uncertain tax positions. In Part XIII, provide t	,	the organization's financial statements	s that reports the
Liability for uncertain tax positions. In Part All, provide to organization's liability for uncertain tax positions under F			

	MILES OF HOPE BREAST CAN	CER			
Sche	dule D (Form 990) 2018 FOUNDATION, INC.				4281796 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial State	ments With	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total revenue, gains, and other support per audited financial statements			1	305,702.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-180,492.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	-180,492.
3	Subtract line 2e from line 1			3	486,194.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	486,194.
Pa	t XII Reconciliation of Expenses per Audited Financial Stat	ements With	Expenses per R	Returi	า.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total expenses and losses per audited financial statements			1	459,097.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	459,097.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18.,)		5	459,097.
Pa	t XIII Supplemental Information.				

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE G	Suppleme	ntal Informatio	on Regarding	Fund	Iraisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047	
(Form 990 or 990-EZ)						Part IV, line 17, 18, o m 990-EZ, line 6a.	r 19,	or if the	2018	
Department of the Treasury			ach to Form 990						Open to Public	
Internal Revenue Service					s and	the latest informati	on.	F arataran 1	Inspection	
Name of the organization		F HOPE BRI ION, INC.	SAST CANC	ER				13-428	identification numb	ber
Part I Fundrais			rappization onour	orod "V		n Form 990, Part IV, I	ina 1			
	complete this part		rganization answe	ereu r	es 01	1 FOITT 990, Fait IV, 1	ine i	7. FUIII 990	EZ mers are not	
1 Indicate whether the	· · ·		any of the followir	ng activ	vities. (Check all that apply.				
a 📃 Mail solicitat	ions		e 🔄 Solicita	tion of	non-g	overnment grants				
b Internet and	email solicitations		f 📃 Solicita	tion of	gover	nment grants				
c Phone solicit	tations		g Special	l fundra	aising	events				
d In-person sol				<i>.</i> .						
2 a Did the organizatio		•	2		Ũ		tees,			
b If "Yes," list the 10		, ,	•			undraising services?	no fur		res No	
compensated at le	•		unuraisers) pursu		ayreer				be	
(i) Name and address	s of individual	<i>(</i>		(iii) fundr have c	Did aiser	(iv) Gross receipts		Amount pair or retained b	_{v)} (VI) Amount pa	
or entity (fund		(ii) Ac	tivity	or cor	ntrol of	from activity	Ì	fundraiser	organization	
				contrib			lis	ted in col. (i)		
				Yes	No					
				4						
			C							
Total					►					
3 List all states in whi or licensing.	ch the organizatio	n is registered or li	censed to solicit	contrib	utions	or has been notified	it is o	exempt from	registration	

MILES OF HOPE BREAST CANCER Schedule G (Form 990 or 990-EZ) 2018 FOUNDATION, INC.

13-4281796 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ. lines 1 and 6b. List events with gross receipts greater than \$5,000.

		of fundraising event contributions and gro	oss income on Form 990	EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
				FAMILY FUN	10	(add col. (a) through
			BRUNCH EVENT		19	col. (c))
e			(event type)	(event type)	(total number)	
Revenue			122 641	10 000	011 000	
Rev	1	Gross receipts	133,641.	19,920.	211,939.	365,500.
	_					
	2	Less: Contributions				
	~		133 6/1	19,920.	211 030	365 500
	3	Gross income (line 1 minus line 2)	133,641.	19,920.	211,939.	365,500.
	4	Cash prizes				
	4	Cash prizes				
	5	Noncash prizes				
S	5					
use	6	Rent/facility costs				
xpe	U					
Direct Expenses	7	Food and beverages				
lirec	•					
	8	Entertainment				
	9	Other direct expenses		1,300.	26,892.	54,850.
	10					54,850.
		Net income summary. Subtract line 10 from li				310,650.
Pa	rt I					· · ·
		\$15,000 on Form 990-EZ, line 6a.				
			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
nue			(a) billigo	bingo/progressive bingo		col. (a) through col. (c))
Revenue						
<u> </u>	1	Gross revenue				
ŝ	2	Cash prizes				
Direct Expenses						
xpe	3	Noncash prizes				
빙						
Direc	4	Rent/facility costs				
_	5	Other direct expenses				
			Yes %	└── Yes %	Yes %	
	6	Volunteer labor	No	No	No	
	_					
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		▶	
	~		Summer Para de la contracta (ci)		•	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			<u> </u>
~	Г m	ter the state(s) in which the organization condu	ista gaming astivitios			
		the organization licensed to conduct gaming a				Yes No
a	11	No," explain:				
10e	We	ere any of the organization's gaming licenses re	woked suspended or te	rminated during the tax y	rear?	Yes No
		Yes," explain:			·····	
5						

832082 10-03-18

MILES OF HOPE	BREAST	CANCER
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Sch	nedule G (Form 990 or 990-EZ) 2018 FOUNDATION, INC. 13-	42817	796	Page 3
11	Does the organization conduct gaming activities with nonmembers?	· 🗌	Yes	No No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?	· 🗌	Yes	No No
13	Indicate the percentage of gaming activity conducted in:			
a	a The organization's facility	13a		%
	o An outside facility	13b		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No No
k	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount			
	of gaming revenue retained by the third party ▶\$			
c	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
	Mandatory distributions:			
e	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		Vac	
L	retain the state gaming license? D Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	🖵 '	162	
Ľ	organization's own exempt activities during the tax year > \$			
Pa	art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P.	art III, line	es 9, 9	b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

		MILES OF HOPE BREAST CANCER	
Schedule G	6 (Form 990 or 990-EZ)	FOUNDATION, INC. mation (continued)	13-4281796 Page 4
Part IV	Supplemental Infor	mation (continued)	
_			

SCHEDULE I Grants and Other Assistance to Organizations, (Form 990) Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.							OMB No. 1545-0047
Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.							
Name of the organization MILES OF I FOUNDATION		ST CANCER					Employer identification number $13 - 4281796$
Part I General Information on Grants an	d Assistance						
1 Does the organization maintain records to criteria used to award the grants or assist	ance?				-		
2 Describe in Part IV the organization's pro- Part II Grants and Other Assistance to D					opization oppwared "N	20" 22 Form 000 Dort	IV line 01 for only
recipient that received more than \$					anization answered "Y	es" on Form 990, Part	TV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
DUTCHESS COUNTY COMMUNITY ACTION AGENCY - 77 CANNON STREET - POUGHKEEPSIE, NY 12601		501 (C)(3)	73,000.	0.			EDUCATIONAL ASSISTANCE FOR BREAST CANCER PATIENTS
CORNERSTONE FAMILY HEALTHCARE 2570 US HIGHWAY 9W, #1 CORNWALL, NY 12518		501 (C)(3)	45,000.	0.			PROGRAMS FOR THE FURTHER SUPPORT OF BREAST CANCER PATIENTS
FAMILY OF WOODSTOCK PO BOX 3516 KINGSTON, NY 12402		501 (C)(3)	52,000.	0.			ASSISTANCE FOR CRISIS INTERVENTION PROGRAMS FOR BREAST CANCER PATIENTS
SUPPORT CONNECTION, INC 40 TRIANGLE CENTER YORKTOWN HEIGHTS, NY 10598		501 (C)(3)	18,000.	٥.			TREATMENT AND REHAB FOR BREAST CANCER PATIENTS
BREAST CANCER OPTIONS 101 HURLEY AVENUE KINGSTON, NY 12401		501 (C)(3)	8,500.	0.			PROGRAMS FOR THE FURTHER SUPPORT OF BREAST CANCER PATIENTS
YWCA OF WHITE PLAINS AND CENTRAL WESTCHESTER - 515 NORTH STREET - WHITE PLAINS, NY 10605		501 (C)(3)	7,500.	0.			PROGRAMS FOR THE FURTHER SUPPORT OF BREAST CANCER PATIENTS
 2 Enter total number of section 501(c)(3) an 3 Enter total number of other organizations 	•	•					<u>6.</u>

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2018)

Schedule I (Form 990) (2018)

FOUNDATION, INC.

13-4281796

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance		
			0				
			D				
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	ditional information.	•		

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.



13-4281796

OMB No. 1545-0047

FOUNDATION, INC.

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

MILES OF HOPE BREAST CANCER

AND OUTREACH FOR PEOPLE AFFECTED BY BREAST CANCER IN THE HUDSON VALLEY,

NEW YORK (COLUMBIA, DUTCHESS, PUTNAM, WESTCHESTER, ROCKLAND, AND

ORANGE, ULSTER AND GREENE COUNTIES).

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

ALL OTHER PROGRAMS FOR THE FURTHERANCE OF PROVIDING FUNDS FOR SUPPORT

SERVICES AND OUTREACH FOR PEOPLE AFFECTED BY BREAST CANCER

EXPENSES \$ 68,446. INCLUDING GRANTS OF \$ 8,800. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11B:

A DRAFT OF THE 990 IS REVIEWED BY KEY MEMBERS OF THE ORGANIZATION'S BOARD

FOR APPROVAL PRIOR TO FILING. AT THE SUBSEQUENT BOARD OF DIRECTORS'

MEETING, THE 990 IS REVIEWED BY ALL BOARD MEMBERS.

FORM 990, PART VI, SECTION B, LINE 12C:

MILES OF HOPE HAS A CONFLICT-OF-INTEREST STATEMENT FOR BOARD MEMBERS. THEY

ARE REQUIRED TO SIGN THIS STATEMENT WHEN THEY BECOME A BOARD MEMBER AND

EVERY THREE YEARS WHEN THEIR TERM IS RENEWED.

FORM 990, PART VI, SECTION B, LINE 15A:

ANNUAL SALARY FOR THE EXECUTIVE DIRECTOR IS APPROVED BY THE BOARD OF

DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 19:

ALL DOCUMENTS RELATED TO GOVERNANCE AND FINANCIAL RESULTS ARE AVAILABLE

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization MILES OF HOPE BREAST CANCER FOUNDATION, INC.	Employer identification number 13-4281796
UPON REQUEST AT THE ORGANIZATION'S OFFICE LOCATION.	·